Page _____ of ____

The People of the State of Nevada do enact as follows:

FULL TEXT OF THE PROPOSED MEASURE

(Insert full text of the proposed measure embracing one subject)

DESCRIPTION OF EFFECT

(Insert 200 words or less description of the effect)

County of		(<u>On</u>)	(<u>Only</u> registered voters of this county may sign below)			
					This space for office use only	
1	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY		
2	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY		
3	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY		
4	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY		
5	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRES	SS ONLY		
	YOUR SIGNATURE	DATE / /	CITY	COUNTY		

DESCRIPTION OF EFFECT

(Insert 200 words or less description of the effect)

6	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
		/ /			
7	PRINT YOUR NAME (last name, first name, initial)		RESIDENCE ADDRESS ONLY		
	YOUR SIGNATURE	DATE	CITY	COUNTY	
		/ /			

Place Affidavit on last page of document.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED AND SIGNED.

AFFIDAVIT OF CIRCULATOR

(TO BE SIGNED BY CIRCULATOR)

STATE OF NEVADA)		
STATE OF NEVADA) (COUNTY OF)		
I,, (pri	name), being first duly sworn under penal	ty of perjury, depose and say
(1) that I reside at		
(print street, city and state); (2) that I am 18 years	fage or older; (3) that I personally circulat	ed this document; (4) that al
signatures were affixed in my presence; (5) that I b	elieve them to be genuine signatures; and (6	6) that each individual who
signed was at the time of signing a registered voter	n the county of his or her residence.	
	Signature of Circulator	
Subscribed and sworn to or affirmed before me this		
, day of,, by	·	
Notary Public or person authorized to administer or	h	
Prescribed by Secretary of State		
NRS 293.247(1) EL502 (rev. 8/05)	Page	of